

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIAL | ID NO. | DATE     |
|---------------------------|---------|--------|----------|
| FEE DETERMINATION         | SP      |        | 8/19/01  |
| O.I.P.E. CLASSIFIER       | 1/3     |        | 6/28/01  |
| FORMALITY REVIEW          | MM      | 920    | 08-74-01 |
| RESPONSE FORMALITY REVIEW |         |        |          |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim | Date  |
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If more than 150 claims or 10 actions  
staple additional sheet here

LEFT INDEX

S.C.  
 12-05-01  
 J.C.S.B.  
 0/c